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DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

Sixth Avenue and 55th Street

Brief History of the Campaign Against Tuberculosis in New York City

Catalogue of the Tuberculosis Exhibit
of the Department of Health
City of New York

1908

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N48

A Brief History of the Campaign Against Tuberculosis in New York City

BY

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General Medical Officer

The publication in 1882 of the classical researches of Robert Koch on the Etiology of Tuberculosis definitely placed this disease in the group of infectious, communicable and preventable diseases. It then logically became at once the duty of sanitary authorities to adopt, so far as possible, the measures necessary to restrict the prevalence of tuberculosis, but the full significance of the discovery was not at once appreciated, and some years elapsed before any serious attempt was made to apply the demonstrated scientific facts to the practical prevention of this disease.

In 1887, the writer, at that time one of the consulting pathologists of the Department of Health of the City of New York, having felt for several years the primary importance and necessity for administrative action in relation to this disease, urged upon the Board of Health of New York City the immediate enactment of suitable regulations for the sanitary surveillance of the tubercular diseases. At that time, however, neither the medical profession nor the laity of the City of New York sufficiently appreciated the importance of the matter, and the Board of Health, after seeking advice from various sources, only considered it wise to adopt certain measures designed to extend information among the tenement house population as to the nature and the methods for the prevention of the disease.

In 1892 and 1893 the matter was again brought up by the writer for serious discussion, but it was not until early in

1894 that the first definite steps were finally taken by the Board of Health to exercise a genuine surveillance over tuberculous persons. From the outset the writer has always insisted that a rational campaign for the prevention of tuberculosis (especially pulmonary tuberculosis), must be primarily based on a system providing for the notification and registration of every case of this disease. In accordance with his recommendations, the Board of Health, early in 1894, adopted a series of resolutions providing for a system of notification, partly compulsory and partly voluntary in character. Public institutions of all kinds (hospitals, clinics, dispensaries, etc.) were *required* to report all cases coming under their supervision within one week, while private physicians were *requested* to do so. In view of what seemed at that time such a radical procedure as the notification of tuberculosis, it was deemed wiser to at first employ such a compromise scheme.

The original plan (adopted in 1894 by the Board of Health) provided the following:

First: An educational campaign through the use of specially prepared circulars of information designed to reach different classes of the population (one of which was printed in many different languages), and also the utilization of the public press and lectures for the dissemination of popular information.

Second: The compulsory notification of cases by public institutions and the request for the notification of private cases with all the data necessary for registration. Proper blanks, postal cards, etc., were provided for these reports.

Third: The plotting of all reported cases on large maps specially prepared, showing every house lot in the Boroughs of Manhattan and The Bronx (then constituting the City of New York). Each case reported and each death occurring from tuberculosis was plotted by conventional signs showing the month and year that each came under the observation of the Department.

Fourth: A special corps of medical inspectors was appointed, whose duty consisted in visiting the premises, where cases were reported as existing, and if the patients were not

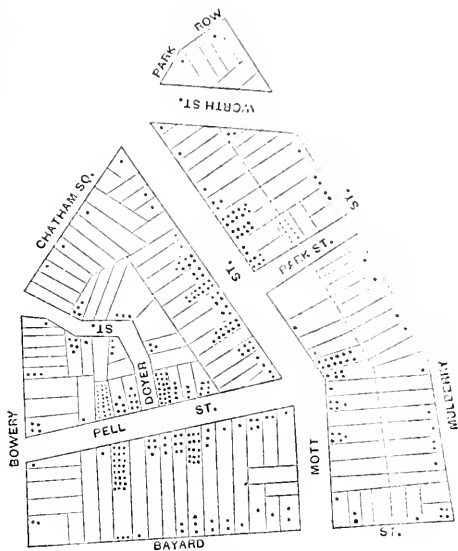
under the care of a private physician, leaving printed and verbal instructions informing the patient and family, what precautions should be taken to prevent the communication of the disease to others.

Fifth: When premises had been vacated by the death or removal of the consumptive, the inspectors arranged for the removal of bedding, rugs, carpets, clothing, etc., for disinfection by steam, and for the cleaning, disinfection or renovation, as might be required, of the rooms occupied by the consumptive. Where it was considered necessary, the rooms were placarded, forbidding occupation by other persons until the order of the Board of Health, requiring their renovation, had been complied with.

Sixth: Provision was made for the free bacteriological examination of the sputum from any suspicious case of tuberculosis in the bacteriological laboratory of the Department of Health. (The bacteriological laboratories were first opened in 1892, and were, I believe, the first municipal bacteriological laboratories in the world.) Facilities were provided for the convenience of physicians desiring to send specimens of sputum by the establishment of depots at convenient points throughout the city, where sputum jars and blanks for recording information could be obtained, and where specimens of sputum for examination could be left. These were collected each day by the collectors of the Department, taken to the laboratory, examined, and a report forwarded to the physician of the results of the examination the following day. This system of free examination of sputum for diagnosing tuberculosis was in harmony with the policy which the Board of Health adopted in 1892, namely, that "it properly comes within the functions of the sanitary authorities to furnish facilities of all kinds, which are useful or necessary in the diagnosis, specific treatment and prevention of all the diseases which are at the same time infectious, communicable and preventable." It was believed that the free examination of sputum would materially assist in the early diagnosis of tuberculosis, especially among the lower classes, and would encourage physicians to report cases. An early condition was made that no specimens of sputum would

be examined, which did not have accompanying them all the data necessary for complete registration of the case.

The result of the first year's work was, on the whole, gratifying. It covered only ten months of the calendar year, and during this time more than four thousand cases of pulmonary tuberculosis were reported, and about five hundred specimens of sputum were sent for examination. As a result of the notification, accurate data as to the chief centres of infection became for the first time available, and thus the Department of Health was enabled to direct its efforts to the best advantage. The very striking existence of tuberculosis in certain localities was demonstrated in a remarkable way by the maps on which were plotted the cases and the deaths from this disease. A number of small sections from these maps were first published in 1892.

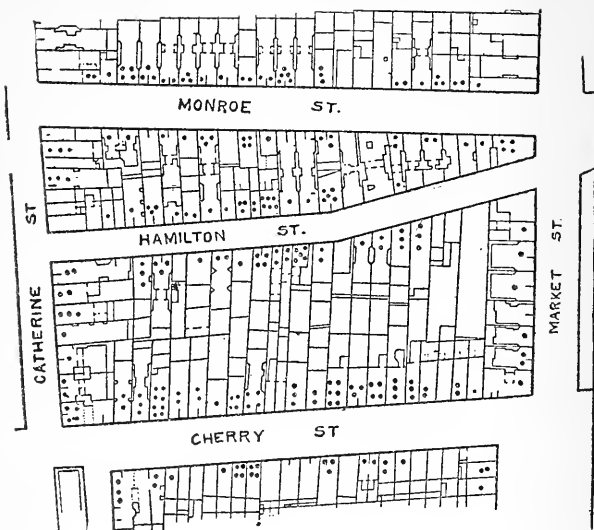


1899-1903

Infected Areas in Lower New York.

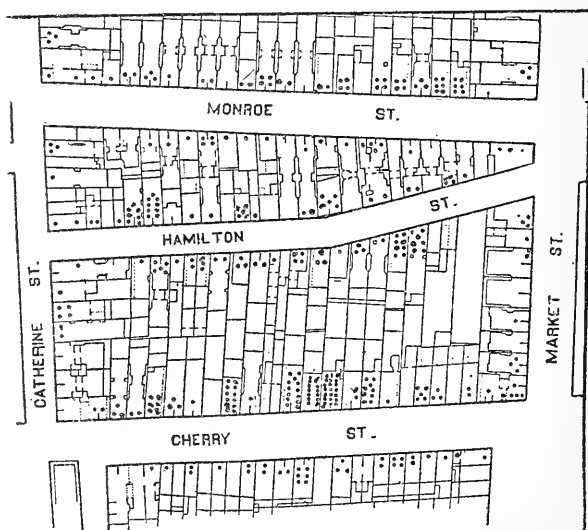


1894-1898



1899-1903

Infected Areas in Lower New York.



1894-1898

Nº 2

In 1897, after three years of this preliminary and educational work, the time seemed ripe for an extension of the regulations. In that year the Board of Health amended the Sanitary Code so as to require notification in all cases of tuberculosis, both private and public. San. Code. Sec. 133. It shall be the duty of every physician to report to the Department of Health, in writing, the full name, age and address of every person suffering from any one of the infectious diseases included in the list appended, with the name of the disease, within twenty-four hours of the time when the case is first seen. A. Contagious (very readily communicable)..... B. Communicable.....typhoid fever..... tuberculosis (of any organ).....epidemic cerebro-spinal meningitis.....puerperal septicæmia, erysipelas..... C. Indirectly communicable (through intermediary host)..... malarial fever.

This action at once aroused bitter opposition in the medical profession, and in 1898 the two largest medical societies in New York City adopted resolutions absolutely condemning the action of the Board of Health, and the Medical Society of the County of New York appointed a special legislative committee for the purpose of obtaining legislation to withdraw from the Board of Health the power to deal in any way with the tuberculous diseases. Such legislation was introduced at two successive sessions of the New York State Legislature, but was defeated each year, after much difficulty.

A special committee appointed by the President of the New York Academy of Medicine considered the new regulations and after several prolonged meetings, in which there was marked division of opinion, compromised on a resolution declaring it to be the opinion of the committee that the procedure was at that time inexpedient and inadvisable.

The usual objections which have been urged to notification were put forward in the discussions in the various medical societies. As a matter of fact, so carefully did the Board of Health protect the rights of both physicians and patients, that a constantly increasing proportion of the cases of tuberculosis were reported, while there was a steady decrease in the opposi-

tion to the regulations. At the present time it is estimated that at least 90 per cent. of the recognized cases of pulmonary tuberculosis are reported in the Boroughs of Manhattan and The Bronx.

In 1902 the Board of Health adopted resolutions requiring the landlords and janitors of tenement and apartment houses to report to the Department the removal of any tenant suffering from tuberculosis, in order that proper disinfection might be performed by the Department of Health. Physicians, too, were requested to report the removal of any of their patients from one address in the city to another, or the removal from the city itself.

Continuous pressure was constantly exercised on all sides to secure increased accuracy in the reports, and comparisons were made of the deaths reported from tuberculosis with the reported cases of tuberculosis, to determine whether the cases had been reported previous to death. When deaths were found which had not been previously reported during life the physicians were requested to furnish an explanation for the failure, and, in some instances, were summoned before the Board and threatened with prosecution, but only rarely has it been necessary to begin legal action.

A regular census of the tuberculous inmates of all public institutions admitting or caring for tuberculous patients was first taken in 1897 and has been taken semi-annually since that time. In 1897 only about one thousand beds were occupied by this class of cases, and these were largely in the general wards of the general hospitals. The Board then began to bring pressure upon the management of the various hospitals in the city to segregate their cases in separate wards or in separate buildings, and a little later forbade the treatment of cases of pulmonary tuberculosis, in the general wards of the hospitals. Efforts have been constantly made to secure accommodations for and effect the removal of advanced cases from their homes to public institutions, and facilities for the care of these have been steadily increased. In contrast to the one thousand beds occupied in 1897 by tuberculosis cases, in 1907, about twenty-five hundred were thus occupied, notwithstanding the fact that

the actual number of deaths from pulmonary tuberculosis in New York City had increased but little during this period. The actual number of cases in the city is probably less, certainly not more, than in 1897—the death rate having decreased more than enough to compensate for the increase of population. Still, the people and the medical profession have become so well educated now to demand hospital and sanatorial care, that the accommodations, although nearly three times as great, are more inadequate than were the one thousand beds available in 1897.

In 1903 the Department of Health set aside several pavilions in one of its hospitals for contagious diseases for the special care of cases of tuberculosis, which it might become necessary to remove and retain if necessary against their will. It was early recognized that the point of view of the hospital and of the sanitary authorities was radically different. The superintendent of a hospital will naturally insist on dismissing at once a patient who is insubordinate or violates the rules of the institution, and, yet, from the sanitary point of view, such a patient is the most dangerous one to be at large. These pavilions were opened particularly for the care of such cases, at first with a capacity of forty-eight beds, which has since been increased to more than two hundred. Since May, 1902, whenever it has seemed necessary for the protection of the public health, cases of tuberculosis have been removed and retained, whether they have been willing to enter or remain in a hospital or not.

In 1903, provision was also made for the employment of a corps of trained nurses, in addition to the corps of special medical inspectors, in order that a closer and more continuous supervision of the cases remaining in their homes might be maintained. The nurses visit such cases regularly, make record of the surroundings, mode of living, physical and financial condition, temperature, observance of instructions and of any special needs. When it seems desirable, recommendation for charitable assistance or for removal to a hospital is made. The work of the inspectors is now largely limited to visiting the premises to make a special examination of a case, or of the condition obtaining in the home, to recommend forcible removal, or to order disinfection or renovation of premises after their vacation either by death or removal.

It will be readily understood from what has been said that the work of the Department of Health has been closely affiliated with the Department of Public Charities, with various charitable organizations, and with the Tuberculosis Committee of the Charity Organization Society, which has for its specific purpose the combat against tuberculosis.

In 1904 the first clinic (dispensary) was opened by the Department of Health in a building specially constructed for the purpose in the Borough of Manhattan, and in 1906 and 1907 similar clinics were established in the Boroughs of Brooklyn and The Bronx respectively. These clinics have the usual purpose of such clinics and have attached to them the corps of trained nurses referred to above. They have been very largely patronized, and act as clearing houses for the disposition of all reported cases of this disease.

Between 1904 and 1907 several other special tuberculosis clinics (dispensaries) were opened in connection with various city hospitals or dispensaries, and in 1897, under the patronage of the Tuberculosis Committee of the Charity Organization Society, an association of tuberculosis clinics was formed, comprising not only the clinics of the Department of Health, but also all of those in the city which comply with certain requirements (including the provision of trained nurses for visiting patients at their homes, etc.).

The city has been divided into districts, each clinic being in charge of and control of the district in its immediate vicinity. All the clinics report their cases to the Department of Health, and all patients attending a clinic outside of the district in which they live are referred back to the clinic in their own district for treatment and supervision.

This plan has worked extremely well, and has prevented the wandering of patients from clinic to clinic in the hope of finding relief, and has obviated much unnecessary duplication of work.

In 1896 the Department of Health, after strenuous efforts continued over a number of years, obtained a site for the establishment of a tuberculosis sanatorium for incipient and early cases at Otisville in the Shawangunk Mountains, about seventy-

five miles from New York City. A tract of more than thirteen hundred acres of land was obtained, lying at an elevation from nine to thirteen hundred feet above sea level.

The development of this institution has gone on somewhat slowly, as it has been along new lines. The present capacity is a little less than two hundred patients, only males being accepted. It is hoped that eventually from six hundred to one thousand patients may be accommodated, in a number of separate units, each of which will provide for from one hundred and fifty to two hundred and fifty patients. Treatment is entirely free, but admission is restricted to residents of New York City, and is obtained through the clinics of the Department of Health.

In its educational campaign the Department of Health has made use of all the various agencies whose aid it could enlist. In addition to the distribution of the circulars of information already referred to, a vigorous crusade has long been waged against the filthy habit of spitting in public places. All street cars, elevated and underground railways, ferryboats, public buildings, piers, etc., have been placarded with large signs prohibiting spitting. The sanitary police of the Department have constantly made arrests of persons violating the law, and the newspapers have aided by giving the matter proper publicity. As a result of these measures, spitting is much less prevalent than it was a few years ago, although still much remains to be desired.

Another device employed to educate the public concerning tuberculosis is by means of exhibitions. The Department of Health first prepared a complete tuberculosis exhibit in 1903. This consisted of photographs, charts, circulars, and the various blanks, cards, etc., used by the Department. The exhibit was sent to various cities in New York and other states.

A great deal of effective educational work has been done by means of public lectures. In 1906 lantern slides were prepared to illustrate the work of the Department. These consisted of pictures showing sanatoria and hospitals for the treatment of tuberculosis, tables showing the ravages wrought

by consumption, photographs of sanitary and unsanitary dwellings, pictures and sentences telling how a consumptive should look after himself, etc. These slides have been exhibited during each summer by means of stereopticon lanterns in the various parks of the city, and have always attracted large audiences.

The Department of Education has also rendered valuable assistance in educating the public. A number of lectures, the Free Lecture Courses have been devoted each year to the consideration of tuberculosis, and in the classroom instruction in hygiene, special emphasis has been placed on consumption and the spitting habit. Arrangements have also been complete for the distribution to each school child, of a "consumption catechism" prepared and supplied by the Department of Health.

The tuberculosis work now being carried on by the Health Department of the City of New York may be summarized as follows:

- (1) Notification and registration of all cases of tuberculosis (inaugurated 1894 and extended 1897).
- (2) Free bacteriological examination of sputum, to aid notification and to facilitate the early and definite diagnosis (1894).
- (3) Educational measures of various kinds, circulars, lectures, exhibits, newspaper articles.
- (4) Visitation of consumptives in their homes (1894). Continuous supervision of cases in tenement houses by the corps of trained nurses (1903).
- (5) Free disinfection by the Department of Health, and issuance of orders for the renovation of rooms vacated by consumptives (1894).
- (6) Furnishing milk and eggs, and referring cases to the proper charitable organizations (1903).
- (7) Three classes of institutions are provided:
 - a Free clinics (dispensaries) for ambulant cases unable to go to sanatoria (1904).

fi
h
ni
b Free sanatorium for incipient and early cases
(1906).

c Free hospitals for advanced cases.

sl
is
(8) Forcing certain classes of patients into a hospital and
retaining them there (1901).

o
t
(9) Enforcing regulations concerning spitting in public
places.

l
(10) Research studies concerning the mode of infection, the
role of bovine tuberculosis, characteristics of the tubercle bacillus,
etc.

The following table exhibits the principal statistics concern-
ing the tuberculosis campaign in New York City.

TABLE GIVING DEATH RATE, NUMBER OF DEATHS, AND OTHER DATA CONCERNING TUBERCULOSIS IN THE CITY OF NEW YORK FROM 1881 TO 1907.

I.—MANHATTAN AND THE BRONX.

YEAR	General Population	Total Deaths All Causes	General Death Rate	Total Tuberculosis Deaths	Death Rate All Tuberc.	Deaths Pulm. Tuberc.	Deaths Other Tuberculosis	Per Cent. of Tuberc. on Total Deaths	Death Rate Pul. Tuberc.	Total No. Cases Tuberc Reported Inc Duplicates	Duplicates	No. Spec. Sputum Exam.
1881	1,244,511	38,624	31.04	6,123	4.92	5,312	811	15.85	4.27			
1882	1,280,857	37,924	29.61	6,052	4.72	5,247	805	15.96	4.10			
1883	1,318,264	34,011	25.80	5,943	4.51	5,290	653	17.47	4.01			
1884	1,356,764	35,034	25.82	6,039	4.45	5,235	804	17.28	3.86			
1885	1,396,388	35,682	25.55	5,945	4.26	5,196	749	16.66	3.72			
1886	1,437,170	37,351	25.99	6,349	4.42	5,477	872	16.99	3.81			
1887	1,479,143	38,933	26.32	6,007	4.06	5,260	747	15.43	3.56			
1888	1,522,341	40,175	26.39	6,073	3.99	5,260	813	15.12	3.46			
1889	1,566,801	39,679	25.32	6,041	3.86	5,179	862	15.22	3.30			
1890	1,612,559	40,103	24.87	6,409	3.97	5,492	917	15.98	3.41			
1891	1,659,654	43,659	26.31	6,109	3.56	5,160	949	13.99	3.11			
1892	1,708,124	44,329	25.95	6,061	3.55	5,033	1,028	13.67	2.95			
1893	1,758,010	44,486	25.30	6,163	3.51	5,124	1,039	13.85	2.91			
1894	1,809,353	41,175	22.76	5,720	3.16	4,658	1,062	13.89	2.57	4,166		511
1895	1,873,201	44,420	23.18	6,283	3.35	5,205	1,078	14.47	2.78	5,824		1,147
1896	1,906,139	41,622	21.84	5,926	3.11	4,994	932	14.24	2.62	8,334		1,856
1897	1,940,553	38,877	20.03	5,791	2.98	4,843	948	14.89	2.50	9,735		2,703
1898	1,976,527	40,438	20.46	5,901	2.99	4,957	944	14.59	2.51	10,798	2,239	2,920
1899	2,014,330	39,911	19.81	6,209	3.08	5,238	971	15.56	2.60	10,484	2,472	3,115
1900	2,055,714	43,227	21.03	6,179	3.00	5,278	901	14.29	2.56	9,639	2,436	3,512
1901	2,118,209	43,307	20.44	6,049	2.85	5,233	816	13.97	2.47	12,135	3,005	4,397
1902	2,182,836	41,704	19.11	5,744	2.63	4,893	851	13.77	2.24	13,383	3,738	4,631
1903	2,241,680	41,749	18.56	6,086	2.70	5,250	836	14.60	2.33	15,787	4,698	7,764
1904	2,318,831	48,693	21.00	6,275	2.71	5,495	780	12.89	2.37	20,451	6,638	9,606
1905	2,390,382	45,199	18.91	6,348	2.66	5,678	670	14.04	2.38	24,142	9,106	11,431
1906	2,464,432	46,108	18.71	6,696	2.72	5,900	796	14.52	2.39	22,092	8,201	16,003
1907	2,541,084	47,698	18.76	6,809	2.68	6,030	779	13.49	2.37	24,363	10,746	20,595

II.—GREATER NEW YORK.

1898	3,272,418	66,224	20.26	9,265	2.69	7,724	1,541	13.97	2.25			3,945
1899	3,356,722	65,344	19.47	9,575	2.70	8,016	1,559	14.65	2.26			4,500
1900	3,446,042	70,872	20.57	9,630	2.79	8,154	1,476	13.59	2.37	14,433	2,456	5,289
1901	3,554,079	70,717	19.91	9,389	2.64	8,135	1,254	13.28	2.29	17,588	4,191	6,744
1902	3,665,825	68,112	18.58	8,883	2.42	7,571	1,312	13.44	2.07	16,614	4,268	7,820
1903	3,781,423	67,923	17.96	9,287	2.46	8,001	1,286	13.70	2.12	20,266	5,052	11,859
1904	3,901,023	77,985	19.99	9,744	2.50	8,495	1,249	12.49	2.18	28,444	9,721	16,971
1905	4,024,780	73,714	18.31	9,658	2.40	8,535	1,123	13.10	2.12	31,963	11,132	18,639
1906	4,152,860	76,203	18.35	10,194	2.45	8,955	1,239	13.38	2.16	30,826	10,741	21,779
1907	4,285,435	79,205	18.76	10,262	2.26	8,999	1,263	12.96	2.10	32,730	13,005	27,277

Catalogue of the Tuberculosis Exhibit of the Department of Health The City of New York

SECTION I

GENERAL INFORMATION

No. 1. Large wall statistical table showing death rate, number of deaths, and other data concerning Tuberculosis in the City of New York from 1881 to 1907. *a.* Manhattan and The Bronx—*b.* Greater New York.

No. 2. Large wall chart showing comparisons of death rates from all causes (black) and from Pulmonary Tuberculosis (red) in the Old City of New York (Boroughs of Manhattan and The Bronx) from 1866 to date.

No. 3. Chart showing comparison of death rates from all causes and from Pulmonary Tuberculosis in the Old City of New York (Boroughs of Manhattan and The Bronx) from 1866 to 1906.

No. 4. Statistical Table: Deaths, under fifteen years of age, from Pulmonary Tuberculosis and Tuberculous Meningitis, in the Old City of New York (Boroughs of Manhattan and The Bronx). Average annual figures for five-year periods from 1887 to 1906.

No. 5. Statistical Table showing Cases, Deaths, Death Rate, Inspections, etc., from Pulmonary Tuberculosis in the Old City of New York (Boroughs of Manhattan and The Bronx). Average annual figures for three-year periods from 1886 to 1906.

No. 6. Statistical Table showing Deaths, Death Rate, etc., from Pulmonary Tuberculosis in the Old City of New York (Boroughs of Manhattan and The Bronx). Average annual

figures for five-year periods from 1881 to 1905. (Condensation of Table No. 1.)

No. 7. Book: Map of the Borough of Manhattan, New York City, showing every house lot and location of every case of Pulmonary Tuberculosis reported from 1894 to 1898.

No. 8. Book: Map of the Borough of Manhattan, New York City, showing every house lot and location of every case of Pulmonary Tuberculosis reported from 1899 to 1903.

No. 9. Book: Map of the Borough of Manhattan, New York City, showing every house lot and location of every case of Pulmonary Tuberculosis reported from 1904 to 1908.

No. 10. Map showing the distribution of cases of Pulmonary Tuberculosis in the Borough of Brooklyn for the year 1907.

No. 11. Map showing the distribution of cases of Pulmonary Tuberculosis in the Borough of Queens during the year 1906.

No. 12. Enlarged Map showing location of cases of Pulmonary Tuberculosis reported in the Borough of Manhattan in the area bounded by Catherine, Cherry, Monroe and Market Streets, for the five-year periods—1894 to 1898 and 1899 to 1903.

No. 13. Enlarged Map showing location of cases of Pulmonary Tuberculosis reported in the Borough of Manhattan in the area bounded by Catherine, Cherry, Monroe and Market Streets, for the five-year period—1904 to 1908.

No. 14. Enlarged Map showing the location of cases of Pulmonary Tuberculosis reported in the Borough of Manhattan in the area bounded by Bayard, Mulberry, Park Row and Bowery (Chinatown), for the five-year periods—1894 to 1898 and 1899 to 1903.

No. 15. Enlarged Map showing the location of cases of Pulmonary Tuberculosis reported in the Borough of Manhattan in the area bounded by Bayard Street, Mulberry Street, Park Row and the Bowery (Chinatown), for the five-year period—1904 to 1908.

No. 16. Enlarged Map showing the location of cases of Pulmonary Tuberculosis reported in the Borough of Manhattan in the area bounded by Cherry, Oak, Pearl and New Chambers Streets, for the five-year periods—1894 to 1898, and 1899 to 1903.

No. 17. Statistical Table showing deaths from Pulmonary Tuberculosis and Tuberculous Meningitis, under fifteen years of age, in the Old City of New York (Boroughs of Manhattan and The Bronx) from 1883 to date.

No. 18. Table showing Death Rates from all causes and Death Rates from Tuberculous Diseases, per 1,000 population of New York, London, Paris, Berlin and Vienna, from 1884 to date.

No. 19. Colored Chart showing General Death Rate per 1,000 population, Old City of New York (Boroughs of Manhattan and The Bronx), from 1866 to 1908, and of Greater City from 1898 to 1908.

No. 20. Colored Chart showing Death Rate per 1,000 population, Old City of New York (Boroughs of Manhattan and The Bronx), from all Tuberculous Diseases, 1881 to 1908, and the Greater City from 1898 to 1908.

No. 21. Colored Chart showing Death Rate per 10,000 of entire population from Pulmonary Tuberculosis and Tuberculous Meningitis combined, of children under fifteen years of age, for the Old City of New York (Boroughs of Manhattan and The Bronx), 1883 to 1908.

No. 22. Colored Chart showing Death Rate per 1,000 of population, Old City of New York (Boroughs of Manhattan and The Bronx), from Pneumonia and Pulmonary Tuberculosis, 1870 to 1908.

No. 23. Photograph: Headquarters Building of the Department of Health, City of New York, 55th Street and Sixth Avenue, Borough of Manhattan.

No. 24. Plan of organization of the Department of Health, City of New York.

No. 25. Circular of Information Regarding Measures Adopted by the Board of Health for the Sanitary Supervision of Tuberculosis in the City of New York (66 L).

No. 26. Circular of Information Regarding Measures Adopted by the Board of Health for the Sanitary Supervision of Tuberculosis in the City of New York (concluded) (66 L).

No. 27. Handbook of Help for persons suffering with Pulmonary Tuberculosis, issued by the Department of Health for the use of physicians, school teachers, ministers, employees of the Department of Health and other City Departments, charity workers, etc. (2 L).

No. 28. Handbook of Help for persons suffering with Pulmonary Tuberculosis, issued by the Department of Health for the use of physicians, school teachers, ministers, employees of the Department of Health and other City Departments, charity workers, etc. (continued) (2 L).

No. 29. Handbook of Help for persons suffering with Pulmonary Tuberculosis, issued by the Department of Health for the use of physicians, school teachers, ministers, employees of the Department of Health and other City Departments, charity workers, etc. (concluded) (2 L).

No. 30. Circular of Information on Special Methods of Treatment for Pulmonary Tuberculosis: "Consumption Cures," issued by the Department of Health for the general information of the public (229 L).

No. 31. "Don't Spit" Folders: Information regarding the Prevention of Tuberculosis for the General Public, issued by the Department of Health for distribution through the large charitable organizations and to factories, department stores, etc. (a. English 231 L; b. German 240 L).

No. 32. "Don't Spit" Folders: Information regarding the Prevention of Tuberculosis for the General Public, issued by the Department of Health for distribution through the large charitable organizations and to factories, department stores, etc. (a. Italian 238 L; b. Yiddish 241 L).

No. 33. "Don't Spit" Folders: Information regarding the Prevention of Tuberculosis for the General Public, issued by the Department of Health for distribution through the large charitable organizations and to factories, department stores, etc. (*a.* Bohemian 239 L; *b.* Swedish 236 L).

No. 34. Circular on the Administrative Control of Tuberculosis, issued by the Department of Health for the information of physicians and others (226 L).

No. 35. Proposed Tuberculosis Catechism and Primer to be distributed to and used by school children in the public schools of New York City (246 L).

No. 36. Notice of Stereopticon Exhibits given by the Department of Health in the public parks of the Boroughs of Manhattan and Brooklyn (English 12 L, Italian 46 L, and Yiddish 41 L).

No. 37. Diagram showing plan of co-operation in Tuberculosis work in New York City through the Department of Health.

No. 38. Spitting Placards: Forbidding spitting upon the floor of street cars (three forms, 69 C).

No. 39. Spitting Placards: (*a*) Forbidding spitting on the floor of street cars; (*b*) forbidding spitting on floor of buildings (19 L); (*c*) anti-spitting pads for distribution to the general public (206 C).

No. 40. Spitting Placard: Forbidding spitting on the floors of ferry houses (186 C).

No. 41. Spitting Placards: Forbidding spitting on floors of railroad stations (100 F).

No. 42. Spitting Placard: Forbidding spitting on floor of ferry boats (70 C). (Out of print.)

No. 43. Spitting Placard: Forbidding spitting on the sidewalks. (Out of print.)



SECTION II

REGISTRATION AND SANITARY SUPERVISION OF PULMONARY TUBERCULOSIS

No. 44. Photograph: Office of Inspector-in-Charge, Division of Communicable Diseases, Manhattan Department of Health.

No. 45. Photograph: Tuberculosis files, Division of Communicable Diseases, Borough of Manhattan.

No. 46. Photograph: Office of the Division of Communicable Diseases, Borough of The Bronx.

No. 47. NOTIFICATION AND REGISTRATION: (a) Notification postal cards furnished physicians for reporting cases of Pulmonary Tuberculosis (58 L), and (b) letter of acknowledgment sent on receipt of same (16 L); (c) card for recording telephone report from institutions (204 L), and (d) postal card acknowledging and confirming said report (223 L); (e) book furnished institutions in which the record of admissions, discharges and deaths of persons suffering with Pulmonary Tuberculosis, are kept (23 LL). Telephone reports are made from this book. (f) Postal card furnished physicians to report change of address, discontinuance of treatment, or recovery on the part of their patients suffering with Pulmonary Tuberculosis (245 L).

No. 48. NOTIFICATION AND REGISTRATION: (a) List of deaths, forwarded daily from Bureau of Records, giving information regarding all deaths from Pulmonary Tuberculosis during the preceding twenty-four hours (78 L). (b) Postal card used by patient or his family to notify the Department of Health of the change of address (171 L). (c) Card; report from Diagnosis Laboratory of case of Pulmonary Tuberculosis (11 L). (d) Card; report of case of Tuberculosis from Department of Health Tuberculosis Clinic or from other Boroughs (194 L).

No. 49. NOTIFICATION AND REGISTRATION. (a) Card; acknowledging receipt of communication or complaint (191 L). (b) Letter to the owner of premises occupied by Tuberculosis patient, directing him to notify the Department of Health of the removal of patient (17 L). (c) Letter sent annually to every physician in New York City having reported a case of Tuberculosis during the preceding year, requesting information as to the present condition and whereabouts of his patients (4 L). (d) Letter to physicians reporting death from Tuberculosis, who had failed to report the case during life (25 L). (e) "Black List" card for recording name and address of physicians failing to properly report cases of Tuberculosis to the Department of Health (181 L). (f) Card recording the result of investigation by inspector of case of Tuberculosis reported as dying from some other cause (144 L). (g) Census form used by all Tuberculosis Institutions in New York City for reporting to the Department of Health the names and addresses of all cases of Tuberculosis in the institution on certain given dates during the year (18 L).

No. 50. NOTIFICATION AND REGISTRATION. (a) Card; small alphabetical index (20 L). All other files center around this index. (b) Registration card, blue; for recording all final data concerning every case of Pulmonary Tuberculosis reported, and all official acts and orders of the Department of Health in connection therewith (43 L). (c) History card, pink; for recording history, circumstances, social conditions, etc., of all cases visited by inspectors or nurses of the Department of Health (44 L). (d) Nurses' card, white; for reporting progress of cases of Tuberculosis under observation by nurses of the Department of Health (49 L).

No. 51. NOTIFICATION AND REGISTRATION. (a) Notice to physicians regarding the necessity for reporting cases of Tuberculosis (9 L). (b) Inspectors' report of investigation of cases of Tuberculosis not reported by attending physicians (203 L).

No. 52. INSPECTION AND INVESTIGATION. (a) Note books used by inspectors of the Department of Health for recording all cases assigned to them for investigation (219 L). (b) Note

book used by nurses of the Department of Health (221 L). (c) Cover furnished with note book. (d) Bound and interleaved copy of the Handbook of Rules and Regulations of the Division of Communicable Diseases as furnished to all inspectors and nurses (202 L).

No. 53. INSPECTION AND INVESTIGATION. (a) Report of inspector showing the result of investigation of a case of Tuberculosis (3 L). (b) Postal card used by nurse to recommend charitable aid, admission to hospital, sanitary inspection, forcible removal, etc. (101 L). (c) Card for referring cases to executive office for admission to hospital, charitable aid, etc. (42 L). (d) Card for recording investigation by nurse of home condition of cases of Tuberculosis previous to discharge from hospital (190 L). (e) Card used by nurse for referring Tuberculosis patients to one of the Association of Tuberculosis Clinics, Borough of Manhattan (48 L). (f) Double postal card used for referring patients to charitable organizations or for admission to a Tuberculosis Hospital of the Department of Charities (81 L).

No. 54. INSPECTION AND INVESTIGATION. Envelopes used by inspectors and nurses for forwarding communications to the Division of Communicable Diseases (three forms: 91 L, 100 L, 114 L).

No. 55. INSPECTION AND INVESTIGATION. Photograph of nurse in home of Tuberculosis patient.

No. 56. INSPECTION AND INVESTIGATION. Photograph of nurse giving patient gauze handkerchief.

No. 57. INSPECTION AND INVESTIGATION. Photograph: Nurse in home of Tuberculosis patient giving and explaining use of tin cuspidor.

No. 58. INSPECTION AND INVESTIGATION. Photograph: Nurse in home of Tuberculosis patient taking patient's "At Home" history.

No. 59. INSPECTION AND INVESTIGATION. Photograph: Nurse in home of Tuberculosis patient explaining circular of instruction to patient.

No. 60. INSPECTION AND INVESTIGATION. Photograph: Nurse in home of Tuberculosis patient preparing to take patient's temperature.

No. 61. INSPECTION AND INVESTIGATION. Photograph: Nurse in home of Tuberculosis patient taking patient's temperature.

No. 62. INSPECTION AND INVESTIGATION. Photograph: Nurse in home of Tuberculosis patient taking patient's pulse rate and temperature.

No. 63. INSPECTION AND INVESTIGATION. Photograph: Nurse in home of Tuberculosis patient giving patient sputum jar for collection of specimen of sputum.

No. 64. INSPECTION AND INVESTIGATION. Photograph: Nurse in home of Tuberculosis patient, ordering fumigation and disinfection in premises vacated by a consumptive.

No. 65. FUMIGATION AND DISINFECTION. Photograph of Disinfecting Station of the Department of Health, Borough of Manhattan.

No. 66. FUMIGATION AND DISINFECTION. Photograph of wagons used for removal of infected bedding.

No. 67. FUMIGATION AND DISINFECTION. Photograph: Disinfectors removing infected bedding.

No. 68. FUMIGATION AND DISINFECTION. Photograph of Disinfecting Wagon at the door of dwelling.

No. 69. FUMIGATION AND DISINFECTION. Photograph: Disinfecting Machine at Disinfecting Building, Department of Health, Borough of Manhattan.

No. 70. FUMIGATION AND DISINFECTION. Photograph: Disinfecting Room, Disinfection Station, Department of Health, Borough of Manhattan.

No. 71. FUMIGATION AND DISINFECTION. Photograph: Disinfecting Room, Disinfecting Station, Department of Health, Borough of Manhattan.

No. 72. FUMIGATION AND DISINFECTION. Photograph: Disinfecting apparatus used by disinfectors in private dwellings.

No. 73. FUMIGATION AND DISINFECTION. Photograph: Disinfecter at work in private dwelling.

No. 74. DISINFECTION AND FUMIGATION. (a) Card used by inspector for ordering fumigation of premises and disinfection of bedding and goods (232 L). (b) Slip forwarded with fumigation card to the Division of Contagious Diseases (14 JJ).

No. 75. DISINFECTION AND FUMIGATION. (a) Book used to record all facts in connection with the fumigation of premises for Tuberculosis (5 LL). (b) Fumigation certificate forwarded by physician who wishes to do his own fumigation (117 J).

No. 76. RENOVATION. (a) Complaint blank used by inspector in recommending renovation of infected premises vacated by patient suffering from Pulmonary Tuberculosis (47 L). (b) Poster put up by inspector on all vacated premises where renovation has been ordered (113 L).

No. 77. RENOVATION. (a) Order issued by Sanitary Division of Department of Health, enforcing renovation of premises for Tuberculosis (213 C). (b) Request for modification or relief from above renovation order for Tuberculosis (2 E). (c) Journal for recording all facts in connection with inspector's complaint regarding renovation (19 LL).

No. 78. REMOVAL TO HOSPITAL. Photograph: Ambulance station, East 16th Street, Borough of Manhattan.

No. 79. REMOVAL TO HOSPITAL. Photograph: Ambulance at East 16th Street.

No. 80. REMOVAL TO HOSPITAL. Photograph: Ambulance at East 16th Street.

No. 81. REMOVAL TO HOSPITAL. Photograph: Coupe of the Department of Health taking a Tuberculosis patient from private house for removal to hospital.

No. 82. REMOVAL TO HOSPITAL. Photograph: Coupe of the Department of Health taking a Tuberculosis patient from a private house for removal to hospital.

No. 83. REMOVAL TO HOSPITAL. Photograph: Health Department Hospital Boat "Franklin Edson."

No. 84. REMOVAL TO HOSPITAL. Report of inspector recommending forcible removal of a dangerous, infective case Tuberculosis by the Department of Health.

No. 85. Circulars distributed by inspectors and nurse "Information for Consumptives and Those Living With Them. English-German (23 L).

No. 86. Circulars distributed by inspectors and nurse "Information for Consumptives and Those Living With Them. English-Yiddish (36 L).

No. 87. Circulars distributed by inspectors and nurse "Information for Consumptives and Those Living With Them. English-Italian (35 L).

No. 88. Circulars distributed by inspectors and nurses "Information for Consumptives and Those Living With Them. English-Bohemian (37 L).

No. 89. Circulars distributed by inspectors and nurses "Information for Consumptives and Those Living With Them. English-Slovak (134 L).

No. 90. Circulars distributed by inspectors and nurses "Information for Consumptives and Those Living With Them. English-Polish (133 L).

No. 91. Circulars distributed by inspectors and nurses "Information for Consumptives and Those Living With Them. English-Ruthenian (135 L).

No. 92. Circulars distributed by inspectors and nurses "Information for Consumptives and Those Living With Them. English-Chinese (162 L).

No. 93. Circulars distributed by inspectors and nurses "Information Regarding the Dangers of Sweeping and Dusting." a. English-German, 176 L; b. English-Yiddish, 200 L c. English-Italian, 177 L.

No. 94. REPORTS AND RECORDS OF WORK DONE; Daily Borough Journal for recording all important facts in connection with the sanitary supervision of Tuberculosis (21 LL).

No. 95. REPORTS AND RECORDS. (a) Weekly record of work performed by individual inspectors of the Division of Communicable Diseases (4 LL). (b) Weekly report of work performed by inspectors of the Division of Communicable Diseases (51 L).

No. 96. REPORTS AND RECORDS. (a) Weekly record of work performed by individual Tuberculosis nurses of the Division of Communicable Diseases (4 LL). (b) Card; weekly report of Tuberculosis nurses of the Division of Communicable Diseases (52 L).

No. 97. REPORTS AND RECORDS. Tabulation sheet used for compiling statistics regarding Pulmonary Tuberculosis in New York City (252 L).

NOTE: This same system is in use in connection with typhoid fever, and cerebro-spinal meningitis, as will be noted. The cases are sub-divided as follows: Sex, two divisions; age, five divisions; race, seven divisions; making in all seventy divisions, one sheet being used for each division, and all deaths being recorded by red tally marks, and living cases by black tally marks.

No. 98. REPORTS AND RECORDS. (a) Weekly report to Bureau of Records of new cases of Communicable Diseases according to wards of the city (183 L). (b) Daily report of cases of Communicable Diseases for publication on school list (82 L). (c) Daily report to Sanitary Superintendent of the number of Communicable Diseases reported during the preceding twenty-four hours (185 L).

No. 99. REPORTS AND RECORDS. Weekly record of the work of the Division of Communicable Diseases.

No. 100. REPORTS AND RECORDS. Weekly report of the Division of Communicable Diseases (13 L).

No. 101. REPORTS AND RECORDS. Weekly report of the Division of Communicable Diseases—concluded (13 L).



SECTION III

TUBERCULOSIS CLINICS AND DISPENSARIES

No. 102. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Exterior of Building.

No. 103. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Exterior of Building.

No. 104. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Registration Room, where histories are taken and all records kept.

No. 105. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Tuberculosis files in Registration Room.

No. 106. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Women's Waiting Room.

No. 107. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Men's Waiting Room.

No. 108. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Men's and Women's Waiting Room.

No. 109. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Wall sign in Men's Waiting Room giving instructions in four languages regarding coughing and spitting.

No. 110. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Throat Room.

No. 111. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Throat Room.

No. 112. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
X-Ray Room.

No. 113. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Examining patient's lungs with fluoroscope.

No. 114. MANHATTAN TUBERCULOSIS CLINIC. X-Ray photograph: J. F. Tuberculosis of both lungs, partial consolidation and infiltration of right lung, infiltration of left lung.

No. 115. MANHATTAN TUBERCULOSIS CLINIC. X-Ray photograph: T. M. Tuberculosis of both lungs—infiltration more pronounced on right side.

No. 116. MANHATTAN TUBERCULOSIS CLINIC. X-Ray photograph: J. J. S. Normal chest, except for slight infiltration around the root of left lung.

No. 117. MANHATTAN TUBERCULOSIS CLINIC. X-Ray photograph: S. W. Calcified deposit on left side.

No. 118. MANHATTAN TUBERCULOSIS CLINIC. X-Ray photograph: M. L. Tuberculosis of both lungs, disseminated infiltration mostly on right side.

No. 119. MANHATTAN TUBERCULOSIS CLINIC. X-Ray photograph: J. O'M. Tuberculosis of right lung, disseminated infiltration, with a few calcified deposits on left side.

No. 120. MANHATTAN TUBERCULOSIS CLINIC. X-Ray photograph: T. W. Tuberculosis of left lung—very slight infiltration of apex.

No. 121. MANHATTAN TUBERCULOSIS CLINIC. X-Ray photograph: T. A. Normal lung.

No. 122. MANHATTAN TUBERCULOSIS CLINIC. X-Ray photograph: M. H. Tuberculosis of both lungs, infiltration more marked on right side.

No. 123. MANHATTAN TUBERCULOSIS CLINIC. X-Ray photograph: E. S. Tuberculosis of both lungs—marked infiltration of both lungs.

No. 124. MANHATTAN TUBERCULOSIS CLINIC. Photograph: Drug Room.

No. 125. MANHATTAN TUBERCULOSIS CLINIC. Photograph: Examining Room.

No. 126. MANHATTAN TUBERCULOSIS CLINIC. Photograph: Men's Examining Room.

No. 127. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Women's Examining Room.

No. 128. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Performing Calmette test.

No. 129. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Examining eyes for Calmette reaction.

No. 130. MANHATTAN TUBERCULOSIS CLINIC. Photograph:
Drug laboratory, where all medicines for the Tuberculosis
Clinics and Hospitals of the Department of Health are pre-
pared.

No. 131. Photograph: Freeman Branch of the New York
Diet Kitchen Association.

No. 132. BROOKLYN TUBERCULOSIS CLINIC. Photograph:
Exterior of Building.

No. 133. BROOKLYN TUBERCULOSIS CLINIC. Photograph:
Waiting Room.

No. 134. BROOKLYN TUBERCULOSIS CLINIC. Photograph:
Waiting Room.

No. 135. BROOKLYN TUBERCULOSIS CLINIC. Photograph:
Registration Room.

No. 136. BROOKLYN TUBERCULOSIS CLINIC. Photograph:
Registration Room.

No. 137. BROOKLYN TUBERCULOSIS CLINIC. Photograph:
Registration Room.

No. 138. BROOKLYN TUBERCULOSIS CLINIC. Photograph:
Examination Room.

No. 139. BROOKLYN TUBERCULOSIS CLINIC. Photograph:
Weighing Room.

No. 140. BROOKLYN TUBERCULOSIS CLINIC. Photograph:
Examination Room.

No. 141. BROOKLYN TUBERCULOSIS CLINIC. Photograph:
Throat Room.

No. 142. BROOKLYN TUBERCULOSIS CLINIC. Photograph: Hallway on main floor.

No. 143. BRONX TUBERCULOSIS CLINIC. Photograph: Exterior of Building.

No. 144. BRONX TUBERCULOSIS CLINIC. Photograph: Waiting Room.

No. 145. BRONX TUBERCULOSIS CLINIC. Photograph: Examination Room.

No. 146. BRONX TUBERCULOSIS CLINIC. Photograph: Throat Room.

No. 147. TUBERCULOSIS CLINICS. REGISTRATION: (a) Daily journal for recording all important data regarding new and old cases visiting clinics (218 L). (b) Admission card used by patient (7 L); (c) envelope for admission card (92 L); (d) primary history blank (67 L); (e) envelope for same.

No. 148. TUBERCULOSIS CLINICS. REGISTRATION: (a) Throat, nose and ear history blank (99 L). (b) Urine, blood, sputum and x-ray history blank (212 L).

No. 149. TUBERCULOSIS CLINICS. REGISTRATION: (a) Diagram card (211 L). (b) Weekly record card (68 L). (c) Nurse's card giving home conditions, circumstances, and surroundings, together with the clinical course of case (53 L).

No. 150. TUBERCULOSIS CLINICS. REGISTRATION: (a) Children's clinic record card used for recording results of examination of school children (248 L). (b) Alphabetical name and address index card (242 L).

No. 151. TUBERCULOSIS CLINICS. REGISTRATION: (a) Letter to physician or person referring case of Tuberculosis to clinic for examination (79 L). (b) Card requesting patient to call at Tuberculosis Clinic, Department of Health, for examination for admission to hospital (217 L). (c) Card for recording result of examination of applicants for admission to the New York State Hospital for the treatment of Incipient Tuberculosis at Ray Brook (207 L). (d) Weekly report of work of Tubercu-

losis Clinics (156 L). (e) Card for patients returning for Calmette test, Radiograph, etc. (5 L). (f) Pocket sputum flask issued to patients. (g) Gauze handkerchiefs furnished patients. (h) Aseptic drinking cup used in Clinics.

No. 152. TUBERCULOSIS CLINICS. REGISTRATION: Tabulation sheet used for preparing statistics regarding cases of Tuberculosis treated at the Tuberculosis Clinics (see No. 97) (253 L).

No. 153. TUBERCULOSIS CLINICS. REGISTRATION: (a) Requisition on New York Diet Kitchen Association for milk and eggs furnished patients of the Department of Health's Tuberculosis Clinics (182 L). (b) Requisition on Brooklyn Bureau of Charities (189 L).

No. 154. TUBERCULOSIS CLINICS: "Circular of Advice to Patients." English (172 L).

No. 155. TUBERCULOSIS CLINICS: "Circular of Advice to Patients." German (139 L).

No. 156. TUBERCULOSIS CLINICS: "Circular of Advice to Patients." Italian (155 L).

No. 157. TUBERCULOSIS CLINICS: "Circular of Advice to Patients." Yiddish (147 L).

No. 158. TUBERCULOSIS CLINICS: Circular of Information regarding Clinics for the Treatment of Communicable Diseases (60 L).

No. 159. TUBERCULOSIS CLINICS: Drug Formulary of the Tuberculosis Clinics of the Department of Health (258 L).

No. 160. ASSOCIATION OF TUBERCULOSIS CLINICS: Map of Clinics in the Borough of Manhattan.

No. 161. ASSOCIATION OF TUBERCULOSIS CLINICS: (a) Weekly report of the Department of Health Clinic to Association of Tuberculosis Clinics. (b) Pamphlet descriptive of the Association of Tuberculosis Clinics, by J. S. Miller, M. D., President of the Association. (c) Rules of the Association of Tuberculosis Clinics.

No. 162. ASSOCIATION OF TUBERCULOSIS CLINICS: Diagram of plan of co-operation in Tuberculosis work through the Association of Tuberculosis Clinics.

No. 163. ASSOCIATION OF TUBERCULOSIS CLINICS: (a) Postal card report requesting the Department of Health not to visit cases (157 L). (b) Postal card report to the Department of Health of cases discontinuing or resuming treatment (264 L). (c) Double reference card used for transferring patients from one Clinic to another (48 L). (d) Monthly report of members of the Association of Tuberculosis Clinics to the Department of Health (8 L).

SECTION IV

COLLECTION AND EXAMINATION OF SPECIMENS OF SPUTUM BY THE DIAGNOSIS LABORATORY OF THE DEPARTMENT OF HEALTH

No. 164. DIAGNOSIS LABORATORY. Circular descriptive of the work and the products of the Diagnosis and other Laboratories of the Department of Health (105 L).

No. 165. DIAGNOSIS LABORATORY. Booklet descriptive of the work of the Diagnosis Laboratory and giving a list of Culture stations (206 L).

No. 166. DIAGNOSIS LABORATORY. Circular calling attention to the importance of bacteriological examination of the sputum in the early diagnosis of Pulmonary Tuberculosis (75 L).

No. 167. DIAGNOSIS LABORATORY. Photograph: Map of Culture Stations in the Boroughs of Manhattan and The Bronx.

No. 168. DIAGNOSIS LABORATORY. Photograph: Collecting specimens of sputum from a drug store acting as a station of the Department of Health.

No. 169. DIAGNOSIS LABORATORY. Photograph: White enamel cabinet in drug store acting as a station of the Department of Health. Open.

No. 170. DIAGNOSIS LABORATORY. Photograph: White enamel cabinet in drug store acting as a station of the Department of Health. Closed.

No. 171. DIAGNOSIS LABORATORY. Photograph: Supply box furnished by the Department of Health to smaller drug stores.

No. 172. DIAGNOSIS LABORATORY. Photograph: Preparation of specimens of sputum for examination.

No. 173. DIAGNOSIS LABORATORY. Photograph: Staining outfit used in preparation of specimens of sputum for examination.

No. 174. DIAGNOSIS LABORATORY. Photograph: Record and Report Room.

No. 175. DIAGNOSIS LABORATORY. Photograph: Cabinet for storage of Tuberculosis smears.

No. 176. DIAGNOSIS LABORATORY. Photograph: Microscopical examination of specimens of sputum for tubercle bacilli.

No. 177. DIAGNOSIS LABORATORY. Photograph: Wash and Sterilizing Room.

No. 178. DIAGNOSIS LABORATORY. Photograph: Sterilizing apparatus in wash room.

No. 179. DIAGNOSIS LABORATORY. Photograph: Supply Room.

No. 180. DIAGNOSIS LABORATORY: Chart showing the number of specimens of sputum examined during 1906, 1907 and 1908, together with the number of specimens showing tubercle bacilli.

No. 181. DIAGNOSIS LABORATORY: (a) Sputum slip forwarded with sputum jar (38 L). (b) Envelope for filing same (138 L). (c) Sputum jar for collecting specimen of sputum. (d) Manifold book for forwarding duplicate slips with specimens of sputum from Department Clinics and Hospitals (261 L).

No. 182. DIAGNOSIS LABORATORY: (a) Blank for reporting presence of tubercle bacilli in a specimen of sputum (97 L). (b) Blank for reporting failure to find tubercle bacilli in specimen of sputum (39 L). (c) Blank requesting name and address of the patient from whom the specimen was taken (45 L). (d) Blank requesting the name and address of attending physician (247 L). (e) Card notifying physician that specimen of sputum forwarded by him was leaky and could not be examined (173 L).

No. 183. DIAGNOSIS LABORATORY: Weekly journal for recording results of examinations of pathological specimens forwarded from all Boroughs (22 LL).

No. 184. DIAGNOSIS LABORATORY: (*a*) Weekly report of the Assistant Director of the Diagnosis Laboratory (192 L). (*b*) Daily summary, according to Boroughs, of sputum examinations made in the Diagnosis Laboratory (233 L).

No. 185. CULTURE STATIONS: (*a*) Card—druggist's card for supplies for culture stations (148 L). (*b*) Postal—notice to druggist that culture station supplies have been forwarded (145 L). (*c*) Card—nurse's report of inspection of culture station (199 L).

SECTION V

RIVERSIDE HOSPITAL FOR ADVANCED CASES OF PULMONARY TUBERCULOSIS

No. 186. RIVERSIDE HOSPITAL. Water-color painting of North Brother Island and Riverside Hospital.

No. 187. RIVERSIDE HOSPITAL. Photograph: View of North Brother Island, East River, New York.

No. 188. RIVERSIDE HOSPITAL. Photograph: View of North Brother Island, East River, New York, from boat.

No. 189. RIVERSIDE HOSPITAL. Photograph: View of North Brother Island, East River, New York, from boat.

No. 190. RIVERSIDE HOSPITAL. Photograph: View of North Brother Island, East River, New York, from boat.

No. 191. RIVERSIDE HOSPITAL. Photograph: View of North Brother Island, East River, New York, from boat.

No. 192. RIVERSIDE HOSPITAL. Photograph: View of North Brother Island, East River, New York, from lighthouse.

No. 193. RIVERSIDE HOSPITAL. Photograph: View of North Brother Island, East River, New York, from lighthouse.

No. 194. RIVERSIDE HOSPITAL. Photograph: View of North Brother Island, East River, New York, from lighthouse.

No. 195. RIVERSIDE HOSPITAL. Photograph: Patient being removed from Department Hospital Boat "Franklin Edson."

No. 196. RIVERSIDE HOSPITAL. Photograph: Tuberculosis Wards. Exterior.

No. 197. RIVERSIDE HOSPITAL. Photograph: Tuberculosis Wards. Exterior.

No. 198. RIVERSIDE HOSPITAL. Photograph: Tuberculosis Wards. Interior.

No. 199. RIVERSIDE HOSPITAL. Photograph: Tennis Grounds.

No. 200. RIVERSIDE HOSPITAL. Photograph: Tuberculosis Patients on Grounds.

No. 201. RIVERSIDE HOSPITAL. Photograph: Group of Tuberculosis Patients.

No. 202. RIVERSIDE HOSPITAL. Photograph: Copy of deck plan of the Department Hospital Boat.

No. 203. RIVERSIDE HOSPITAL. Photograph: Architect's sketch of proposed Tuberculosis Pavilion.

No. 204. RIVERSIDE HOSPITAL. Photograph: Proposed Tuberculosis Pavilion, ground floor.

No. 205. RIVERSIDE HOSPITAL. Photograph: Proposed Tuberculosis Pavilion, first floor.

No. 206. RIVERSIDE HOSPITAL. Photograph: Proposed Tuberculosis Pavilion, second floor.

No. 207. RIVERSIDE HOSPITAL: (a) Primary history card (7 L); (b) later history card (68 L); (c) clinical examination card showing result of examination of sputum, urine and blood (212 L).

No. 208. RIVERSIDE HOSPITAL: (a) Temperature chart (210 L); (b) admission card furnished patient by Division of Communicable Diseases (32 L); (c) card of information regarding visiting hours printed in English, German, Italian and Yiddish (31 L).

No. 209. RIVERSIDE HOSPITAL: (a) Daily report of admissions, discharges and deaths (209 L); (b) weekly report of Tuberculosis patients in the hospital (208 L).

No. 210. RIVERSIDE HOSPITAL. Photograph: Waiting list for Riverside Hospital showing the allotments according to Boroughs.

SECTION VI

OTISVILLE SANATORIUM FOR THE TREATMENT OF INCIPIENT AND EARLY FAVOR- ABLE CASES OF PULMONARY TUBERCULOSIS

- No. 211. OTISVILLE SANATORIUM. Large water-color painting.
- No. 212. OTISVILLE SANATORIUM. Photograph: Panorama.
- No. 213. OTISVILLE SANATORIUM. Photograph: Peach Orchard.
- No. 214. OTISVILLE SANATORIUM. Photograph: Grove of Pine Trees.
- No. 215. OTISVILLE SANATORIUM. Photograph: General view of building.
- No. 216. OTISVILLE SANATORIUM. Photograph: Administration Building and employees.
- No. 217. OTISVILLE SANATORIUM. Photograph: Dew Drop Inn.
- No. 218. OTISVILLE SANATORIUM. Photograph: Single shack for patients.
- No. 219. OTISVILLE SANATORIUM. Photograph: Double shack for patients.
- No. 220. OTISVILLE SANATORIUM. Photograph: Dining-room building.
- No. 221. OTISVILLE SANATORIUM. Photograph: Tent used by patients.
- No. 222. OTISVILLE SANATORIUM. Photograph: Interior of Kitchen and Dining-room building.

No. 223. OTISVILLE SANATORIUM. Photograph: Washroom in single shack.

No. 224. OTISVILLE SANATORIUM. Photograph: Dairy barn.

No. 225. OTISVILLE SANATORIUM. Photograph: Dairy barn and cows.

No. 226. OTISVILLE SANATORIUM. Photograph: Cows in yard at dairy barn.

No. 227. OTISVILLE SANATORIUM. Photograph: Architect's plans; first floor plans of two-story shacks.

No. 228. OTISVILLE SANATORIUM. Photograph: Architect's plans of south elevation of two-story shacks.

No. 229. OTISVILLE SANATORIUM. Photograph: Patients on arrival at Sanatorium, Otisville, N. Y.

No. 230. OTISVILLE SANATORIUM. Photograph: Examination of patients on arrival, Otisville, N. Y.

No. 231. OTISVILLE SANATORIUM. Photograph: Patients, nurses and staff, Otisville, N. Y.

No. 232. OTISVILLE SANATORIUM. Photograph: Group of nurses, Otisville, N. Y.

No. 233. OTISVILLE SANATORIUM. Photograph: Patients in dining-room.

No. 234. OTISVILLE SANATORIUM. Photograph: Patients in dining-room.

No. 235. OTISVILLE SANATORIUM. Photograph: Patients on couches in double shacks.

No. 236. OTISVILLE SANATORIUM. Photograph: Patients in bed in shack.

No. 237. OTISVILLE SANATORIUM. Photograph: Patient ready for discharge as an "arrested" case.

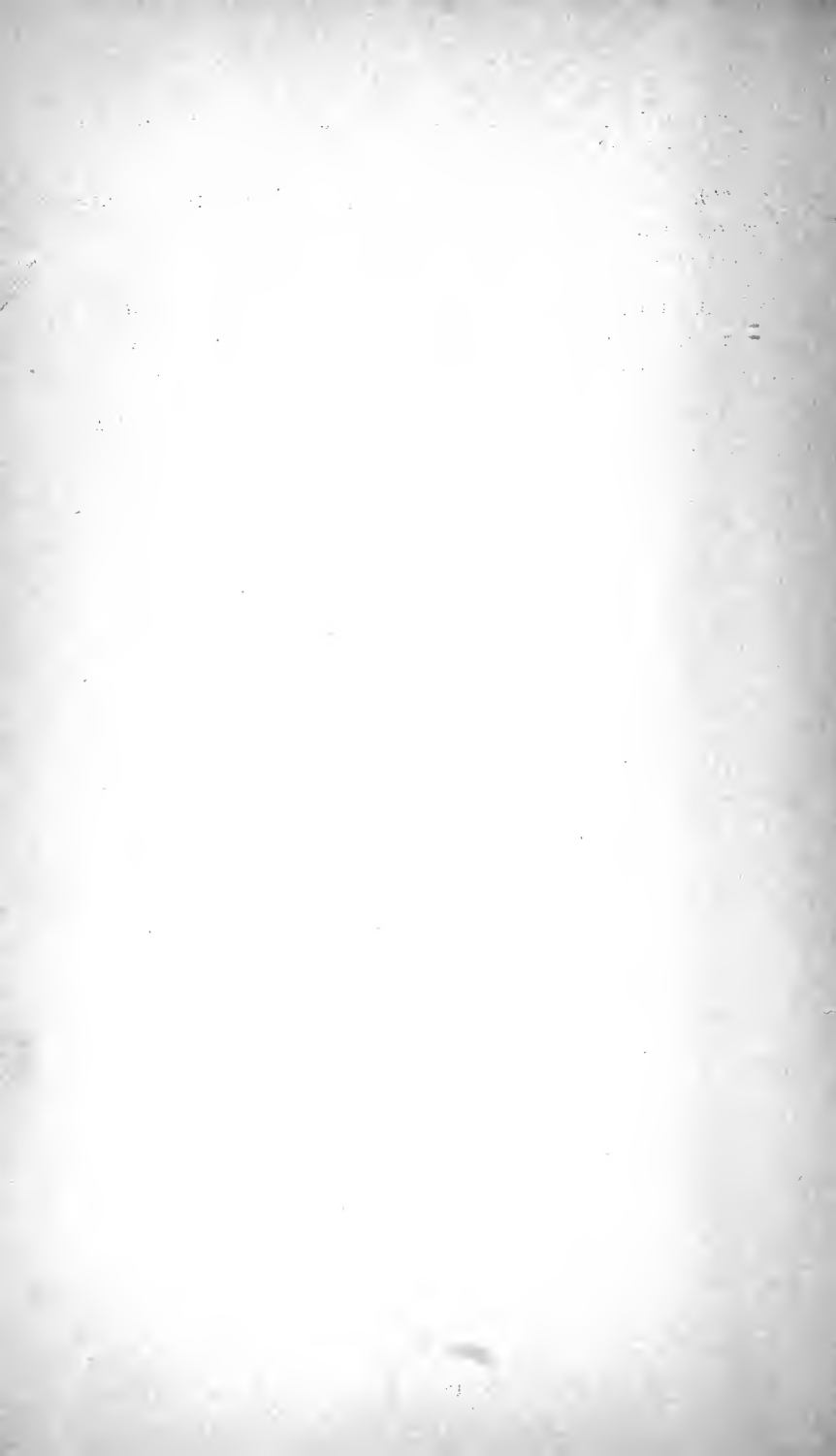
No. 238. OTISVILLE SANATORIUM: (a) Primary history card (67 L); (b) later history card (68 L); (c) clinical ex-

amination card showing the results of examination of sputum, urine and blood (212 L).

No. 239. OTISVILLE SANATORIUM: (a) Temperature, pulse and respiration record card (210 L); (b) card of instruction furnished patients on admission to Sanatorium (227 L).

No. 240. OTISVILLE SANATORIUM: (a) Daily report of admissions, discharges, deaths (209 L). (b) Weekly report of condition of Tuberculosis patients in the hospital (208 L).

No. 241. Photograph: Plan of proposed Tuberculosis Sanatorium and camp.





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